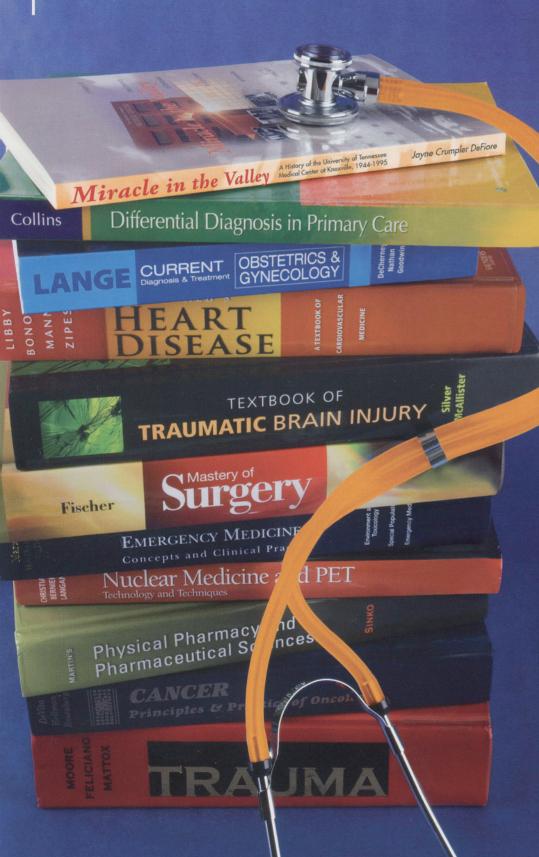
Frontiers

The University of Tennessee Medical Center and The University of Tennessee Graduate School of Medicine



Education

How an Academic Medical Center Leads the Way

For Alumni and Friends

The University of Tennessee Medical Center and The University of Tennessee Graduate School of Medicine Frontiers

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Frontiers is a magazine produced by the University of Tennessee Medical Center and UT Graduate School of Medicine. This publication was designed to showcase the unique benefits of having an academic medical center in East Tennessee.

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Dear Alumni and Friends.

As the region's only academic medical center, we've placed at the core of our mission the work of providing educational opportunities for the people of our area and education for the healthcare professionals who will serve them in the future. This unique capability isn't something new for the University of Tennessee Medical Center. When our doors opened in 1956, a residency training program for physician specialists was established. And for more than 50 years, programs like that one have continued to grow, many new programs have been added, and literally thousands of people have received advanced training and education on our campus. We're very proud of this heritage, and we embrace our obligation to train the next generation of healthcare professionals.

In this issue of *Frontiers*, we are pleased to spotlight and recognize educational programs in the fields of medicine, dentistry, pharmacy, nursing, and pastoral care, as well as programs that train supporting specialists in radiology, anesthesia, and pharmacy. All of these programs are essential to the care we give our patients and their families every day, and provide the hope of a better quality of life for all of us.

Sincerely,

Joseph R. Landsman, Jr. President and Chief Executive Officer University Health System, Inc. This issue of *Frontiers* highlights the very unique merits of the area's only academic medical center, the University of Tennessee Medical Center. In concert with UT Graduate School of Medicine, the medical center offers highly specialized care, the latest clinical research, and outstanding educational opportunities for healthcare professionals.

The articles in this issue demonstrate our commitment to advance quality of care and education through collaboration with multiple UT departments—an effort that can only be accomplished through an academic medical center.

We provide East Tennessee and beyond with physicians and dentists who are among the finest in the nation—all of our resident education programs exceed accreditation requirements. This level of education and clinical service requires excellent physician faculty who not only offer superb care but also engage in cutting-edge research that elevates care and education to superior levels.

I feel very fortunate to serve as dean of UT Graduate School of Medicine. All of us, like you, are gratified to see our young physicians and dentists move into the community to improve the healthcare of Tennesseans.

Sincerely,

James J. Neutens, PhD

Dean

UT Graduate School of Medicine

The Soft Side of Medicine

Im Henderson lay expressionless on the gurney in the emergency department. Physicians and nurses worked to ebb the flow of blood from his right hand, which now, after an accident, was missing three fingers. Psychology resident Nicole Perez approached the scene, having been called by the emergency team in hopes she could console the patient until his family arrived.

In emotional shock, Tim stared blankly. Beside him lay the iced plastic bag containing his severed fingers—a medically sound practice to ensure digits and patients remain together. Gently, Perez talked to him, helping him put the accident into words, pulling him back from the shocked place his mind had allowed him to go. Healing had begun.



icole Perez had probably never thought of herself as the only one of... well, anything. But as far as anyone knows, in 2006 she became America's first psychology doctoral resident in a Level I Trauma Center, an unlikely pioneer blazing trails in the University of Tennessee Medical Center emergency department.



Nicole Perez, the nation's first psychology doctoral resident.



Psychology residents Lina Schlachter (left) and Chris Nicholas (right) are mentored by professor Michael Nash.

Perez, a doctoral candidate in psychology at the University of Tennessee,
Knoxville, first heard about the idea of the Emergency Trauma Psychology
Resident Program from psychology professor Michael Nash. The pilot program would embed a trained psychologist in the emergency department (ED), allowing treatment of the "soft side" of medicine, the emotions and the mind.

As far as UT faculty knew, this program was truly unique; one did not exist anywhere in the country. Nash offered to oversee the program and championed Perez as its first resident. "Nicole is an exceptional student," says Nash. "If anyone could prove the importance of emotional support in traumatic health situations, she could."

And prove it she did. So much so that the program at the University of Tennessee Medical Center now includes two more doctoral residents: Chris Nicholas, a Massachusetts native, and Lina Schlachter, a Fulbright scholar from Brazil.

Nicholas says that sometimes just the feeling of helplessness surrounding a trauma can be challenging. "Learning to deal with the feeling of helplessness the patient, the family, and I feel during a traumatic situation can be very difficult," he explains. "Hopefully, together we can enable the patient's coping skills to help organize the experience in ways that make the stress of injury or illness manageable."

Dealing with death is the most difficult aspect of the program. Schlachter describes treating a father, the only survivor of a car wreck in which his young family had been killed. "Everyone—the father, his extended family, and the ED staff—was in so much emotional pain."

Perez agrees solemnly. "There is absolutely no way to describe the sound of a parent who has just lost a child."

Patience, Planning, and Prayer

"The seed for the program idea was planted 10 years ago," explains Reverend George Doebler, past director of and current special adviser to the University of Tennessee Medical Center's Pastoral Care program.

The idea was slow to blossom, however. Finally, two years ago, the stepping stones were aligned and interest in the program rekindled. Soon it became clear that the program could provide emotional and mental support to patients and their families. Thus, an initiative that would become the nation's first Emergency Trauma Psychology Resident Program began to take shape.

Doebler scraped together \$10,000 to launch the plan. Then he began the quest to design the pilot program that now provides emergency support and educates UT resident psychologists in a specialized trauma-based setting.

Reverend Steve Sexton, director of pastoral care at the Medical Center, says that very special factors allowed the program planning. "This program could not be started just anywhere," he points out. "First, we had to have a robust psychology doctoral program and a professor willing to oversee the program and the residents. The Knoxville campus psychology department and its professor Michael Nash were ready to go. Next, we had to have an academic medical center accustomed to working with

residents. UT Graduate School of Medicine already had a dynamic infrastructure in place. And finally, we needed an emergency department handling a wide variety of injuries and illnesses. What better resource than the University of Tennessee Medical Center, the region's only Level I Trauma Center?"

Two Sides of Medicine

Sandi L. Madden, the University of Tennessee Medical Center vice president for emergency and trauma services, was eager to include the psychology residents. However, she was initially concerned that doctoral candidates might not be ready for the human suffering they would experience. "On any given day, there is a variety of different levels of emergencies. In one room may be a patient with chest pain, in another a broken limb, and in yet another life-threatening conditions. There's so much raw emotion coming together for many people. Let's face it, working in the emergency department can be tough."

Reverend George Doebler and Reverend Steve Sexton discuss the history of the psychology resident program based in the Medical Center emergency department.

It was during one of those emotional moments that Dr. Fred G. "Kip" Wenger Jr., the University of Tennessee Medical Center ED director, first began to see how psychology residents can improve patient care. "A very bright college student working on his PhD was in the ED for an illness," he says. "I had to break the news that lab tests indicated he needed to be hospitalized with a life-threatening disease. The young man had no family in the U.S. and virtually no other emotional support. Our psychology resident came in and spent



Dr. Fred G. "Kip" Wenger, Jr. discusses a chart with UT resident psychologists.

time helping the patient accept the diagnosis and determine the next steps to take. It was in that single moment I became an advocate for the psychology resident being considered a necessary part of our trauma team."

Confidence in the program and for the residents rose quickly. Physicians, nurses, and technicians soon discovered that they could concentrate better on treating a patient's physical condition if the psychologist worked with the patient's emotional state. "The program brings an added component of quality care to the emergency and critical care situation," she adds. "It brings emotional care to our staff, patients, and families at a time when they may not even know they need it."

Professor Nash feels the program demonstrates the unique opportunities the academic medical center makes available to our area. "The most exciting work at a university often occurs at its edges, where one discipline touches another. In this case, the blending of resources enhances both patient care and professional education." And he adds with enthusiasm, "It's invigorating."

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Dr. Fred G. "Kip" Wenger, Jr.

Reverend Doebler is convinced that the program advances the quality of care provided at the Medical Center. "This program forces us to reconsider how we take care of people during their worst times," he says. "We have to consider both sides of medicine—how we treat the tangible physical side of the body and how we nurture the mental side."

"Besides that," he adds with a soft smile, "it's good medical care. It's just the right thing to do."

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